

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO.

10/069783

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
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TOTAL IND.	1		1		1	
TOTAL DEP.		2		1		1
TOTAL CLAIMS	1	2	1	1	1	1

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		1		1		1	
TOTAL DEP.		2		1		1		1
TOTAL CLAIMS	1	2	1	1	1	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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